## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notificat	ions.		, oposit, ing a non con	oponaviios adaress,	min 01 (0)	marouning a sopia	are The Appreciation in
CURRENT CORRESPONDE	NCE ADDRESS (Note: Use Bl	No Fe Pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
23914	7590 09/25	/2007	114	•			
LOUIS J. WILLE  BRISTOL-MYERS SQUIBB COMPANY PATENT DEPARTMENT  Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited states Postal Service with sufficient postage for first class, or i addressed to the Mail Stop ISSUE FEE address above, or i transmitted to the USPTO (571) 273-2885, on the date indicated							nission deposited with the United
BRISTOL-MYE PATENT DEPA	RS SQUIBB COM	PANY	Ste	ates Postal Service was dressed to the Mail	rith sufficients	ent postage for first UE FEE address	class mail in an envelope above, or being facsimile
PO BOX 4000 PRINCETON, N		(ra	namitted to the USP	(Depositor's name)			
FRINCETON, N	13 06343-4000		(Signature)				
,	•						(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/785,612	02/24/2004	,	Yuping Qiu	QA028:		10283 NP	2956
TITLE OF INVENTION: PYRAZOLOPURINE-BASED TRICYCLIC COMPOUNDS AND PHARMACEUTICAL COMPOSITIONS COMPRISING SAME							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	FEE T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/26/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
LEESER,	ERICH A	1624	514-257000	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	vne)			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PROPHERS SAUISE OF COMPANY  PRINCETON, NEW JETSEY  Recorded 6/1044							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) Issue Fee Publication Fee (N	to small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3880 (enclose an extra copy of this form).					
<ol> <li>Change in Entity Sta</li> <li>a. Applicant claim</li> </ol>	tus (from status indicate is SMALL ENTITY state	*	b. Applicant is no lo	nger claiming SMA	LL ENTIT	Y status. See 37 CF	FR 1.27(g)(2).
NOTE: The Issue Fee an	d Publication Fee (if req		d from anyone other than				e assignee or other party in
Authorized Signature	M 04-1	Van Att.		Date	12	607	,
Typed or printed name Mary K. Vanatten Registration No. 39, 408							
Alexandria, Virginia 223	113-1430.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the DNOT SEND FEES OR persons are required to re					by the USPTO to process) g gathering, preparing, and ne you require to complete intment of Commerce, P.O. for Patents, P.O. Box 1450, number.